

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09/868974

FILING DATE

APPLICANT(S)

		CLAIMS													
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	1	3	1	2	1									
TOTAL DEP.	1	1	1	1	1	1									
TOTAL CLAIMS	2	2	4	2	3	2									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS